

Ensuring a lifetime of comfort and peace for your loved ones

Aditya Birla Sun Life Insurance Group Smart Select

A non-linked non-participating Group Credit Life Insurance Plan

Aditya Birla Sun Life Insurance Company Limited

ADITYA BIRLA CAPITAL

LIFE INSURANCE

ABSLI GROUP SMART SELECT – An Overview

Life is all about fulfilling dreams. Your members plan to fulfil their dreams for themselves and their family. However, life is all about uncertainties. A comprehensive life insurance cover can help them ensure that, the loan they have availed to create an asset does not convert into a liability for their families in their absence. We understand the significance of a flexible and comprehensive cover that will secure your members financial future against the burden of any loan taken to pursue their dreams. Provide your members and their families with a reassurance of your care and peace of mind on death, disability or illness of the insured member(s).

Presenting **ABSLI Group Smart Select** which recognises that guaranteeing your members & their family's happiness is of paramount importance to your esteemed organisation.

Key Features



Covers all types of loans products



Flexibility to choose from Level or Reducing Sum Assured Cover options



Option to cover Joint life | Co-borrowers as per your requirement



Enhance your Cover by choosing from various inbuilt options:

- Accidental Death Benefit (additional)
- Accidental Total & Permanent Disability Benefit (accelerated)
- Critical Illness Benefit (Option to cover 10, 25 or 50 CI as per requirement) (accelerated)



Inbuilt Terminal illness cover

PLAN ELIGIBILITY

Cover Term	1 month – 30 years (in multiples of 1 month, not exceeding underlying loan tenure)
Premium payment term (PPT)	Single Pay
Entry Age	Minimum: 14 years (age as on last birthday) for Base cover 18 years (age as on last birthday) for other benefit options In case of minor lives, risk shall commence immediately on enrolment acceptance Maximum: 79 years (age as on last birthday) for Base cover 63 years (age as on last birthday) for other benefit
Maximum Maturity Age	80 years (age as on last birthday) for Base cover 70 years (age as on last birthday) for other benefit options
Minimum Premium Amount	₹0.40
Maximum annualized premium	No Limit
Minimum sum assured	₹10,000
Maximum sum assured	No limit subject to Board Approved Underwriting Policy. Original Sum Assured shall not exceed 125% of outstanding loan amount
Minimum no. of members	5 members
Maximum no. of members	No Limit
Minimum Top-up Sum Assured	₹5,000
Death benefit Variants	This product offers 2 Death Benefit Options to choose from: Level Cover: The sum assured stays at same level throughout the Cover term Reducing Cover: The sum assured decreases as per the repayment schedule
Optional Benefits	Accidental Death Benefit (Additional) Accidental Total and Permanent Disability (Accelerated) Essential Critical Illness Cover (Accelerated CI 10) Super Critical Illness Cover (Accelerated CI 25) Mega Critical Illness Cover (Accelerated CI 50)
Plan Combinations	1. Death Benefit 2. Death Benefit + Accidental Death Benefit (Additional) 3. Death Benefit + Accidental Total and Permanent Disability (Accelerated) 4. Death Benefit + Essential Critical Illness Cover (Accelerated Critical Illness 10) 5. Death Benefit + Super Critical Illness Cover (Accelerated Critical Illness 25) 6. Death Benefit + Mega Critical Illness Cover (Accelerated Critical Illness 50) 7. Death Benefit + Accidental Death Benefit (Additional) + Essential Critical Illness Cover (Accelerated Critical Illness 10) 8. Death Benefit + Accidental Death Benefit (Additional) + Super Critical Illness Cover (Accelerated Critical Illness 25) 9. Death Benefit + Accidental Death Benefit (Additional) + Mega Critical Illness Cover (Accelerated Critical Illness 50) 10. Death Benefit + Accidental Death Benefit (Additional) + Accidental Total and Permanent Disability (Accelerated) 11. Death Benefit + Accidental Total and Permanent Disability (Accelerated) + Essential Critical Illness Cover (Accelerated Critical Illness 10) 12. Death Benefit + Accidental Total and Permanent Disability (Accelerated) + Super Critical Illness Cover (Accelerated Critical Illness 25) 13. Death Benefit + Accidental Total and Permanent Disability (Accelerated) + Mega Critical Illness Cover (Accelerated Critical Illness 50) 14. Death Benefit + Accidental Death Benefit (Additional)+ Accidental Total and Permanent Disability (Accelerated) + Essential Critical Illness Cover (Accelerated Critical Illness 10) 15. Death Benefit + Accidental Death Benefit (Additional) + Accidental Total and Permanent Disability (Accelerated) + Super Critical Illness Cover (Accelerated Critical Illness 25) 16. Death Benefit + Accidental Death Benefit (Additional) + Accidental Total and Permanent Disability (Accelerated) + Mega Critical Illness Cover (Accelerated Critical Illness 50)
Member Option	Following member types are covered under this scheme: **1. Single Life** **2. Joint Life (two lives):** The plan can be taken on joint life basis where we will cover the death, disability or illness of either of joint insured members, whichever occurs first. There has to be insurable interest between the joint lives. Under Joint Life option, only 2 borrowers can be jointly insured wherein the Base Sum Assured and Policy Term will be same for both lives. 10% discount is offered on the premium of the younger life in joint life. The death benefit shall be payable on occurrence of first death of either of the two lives and cover on the second life would cease to exist. Incase of death of both members, covered under joint life cover, at the same time the claim will be considered in favor of the beneficiary of the older of the two lives. However, in this case, if the claim on the older of the life were to get repudiated, then the claim will be considered in favor of the beneficiary of the other life. **3. Co-Borrower:** Co-borrower means two or more members who has availed a loan facility together form the Master Policyholder. Under this option, co-borrowers will be considered as separate lives and will be covered to the extent of respective share of loan amount. All co-borrowers must individually satisfy the eligibility conditions to become a Member.

PREMIUMS

The premium will depend on the characteristics of the loan and the age/gender of the members insured. It will also depend on the optional benefits chosen. Applicable taxes, cesses, underwriting extra premium and levies, if any, as per the prevailing tax laws, shall be added to your premium.

HOW DOES THE PLAN WORK?

STEP 01

Choose Death benefit Variants

This product offers 2 Death Benefit Options to choose from:

- Level
- Reducing

STEP 02

Choose member option

Depending upon the loan availed, member can choose the from below option

1. Single Life
2. Joint Life (two lives), with benefit payable on first death
3. Co-Borrower (no limit, provided each member meets eligibility criteria)

STEP 03

Choose optional Benefits

- Accidental Death Benefit
- Accidental Total and Permanent Disability (Accelerated)
- Either of the Critical Illnesses package
  - Essential Critical Illness Cover (Accelerated Critical Illness 10)
  - Super Critical Illness Cover (Accelerated Critical Illness 25)
  - Mega Critical Illness Cover (Accelerated Critical Illness 50)

STEP 04

Select Policy Term & Moratorium Period if required

BENEFITS AT A GLANCE

Death benefit Variants

Level Cover:
The sum assured stays at same level over entire Cover term.

Reducing Cover:
The sum assured decreases as per the repayment schedule. The repayment schedule will depend on the underlying interest rate, moratorium period, if applicable etc. At the outset, therefore, a repayment schedule will be agreed between the parties and such schedule will define the sum assured applicable at various point of time. We will pay the benefits exactly as per the schedule selected at inception, irrespective of the actual outstanding loan as on the date of death.

Death Benefit

Single Life:
In the event of death of the member during the Base Cover term, the applicable sum assured at the start of the month as per the repayment schedule (referred to as "Sum Assured on Death") shall be paid in lumpsum, provided the cover is in force. On payment of death benefit, the Cover under this product shall terminate.

Joint Life:
In the event of first death of either of assured lives during the Base Cover term, Sum Assured on Death shall be paid in lumpsum, provided the Cover is in force. On payment of death benefit, the Cover under this product shall terminate.

Co-borrower:
In the event of death of any of the co-borrowers, his/her respective share of Sum Assured as per the Policy Schedule is payable. Cover on the other life will continue as they are independent insurance covers.

Terminal Illness Benefit (Inbuilt):
Terminal Illness cover is an inbuilt feature in this plan. This benefit is payable in case member/any of the Joint lives is diagnosed with Terminal Illness anytime during the Policy Term.

Terminal Illness Benefit shall always be equal to death benefit subject to a maximum limit as specified by Us from time to time. This is an accelerated benefit and not an additional benefit, which means payment through this benefit will not be in addition to the Death Benefit. Upon payment of Terminal Illness benefit, the Cover for Terminal Illness Benefit shall cease and Cover for Death shall continue at level reduced by Terminal Illness Benefit already paid.

A Member shall be regarded as terminally ill only if he/she is diagnosed as suffering from a condition which, in the opinion of two independent medical practitioners specializing in treatment of such illness, is highly likely to lead to death within 6 months. The Terminal Illness must be diagnosed and confirmed by independent medical practitioners registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment.

The definition of medical practitioner will be as per Guidelines on Standardization in Health Insurance, and as defined below:

A Medical Practitioner means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the license.

The Medical Practitioner should not be:

- the Master Policyholder or Life Insured himself/herself; or;
- An authorized insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- Employed by or under contractual engagement with us; or
- Related to the Master Policyholder or life assured by blood or marriage.

Optional Benefits

Accidental Death Benefit (Additional) Option:

This benefit shall be only available where Accidental Death Benefit option is chosen. In the event of death of member due to an accident where accident occurs during the Base Cover term, we shall pay an additional Accidental Death Benefit Sum Assured equal to the Sum Assured on death as an Accidental Death Benefit, provided the cover is in force subject to a maximum limit as specified by the company from time to time. This is an additional benefit and will be paid in addition to the Death Benefit.

Accident shall mean a sudden, unforeseen and involuntary event caused by external, visible and violent means.
Accidental Death means a death:

a. which is caused by Injury resulting from an Accident,
b. which occurs due to the said Injury solely, directly and independently of any other causes,
c. which occurs within 180 days of the occurrence of such Accident and
d. is not a result from any of the causes listed in the exclusions for Accidental Death Benefit

Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a medical practitioner.

Medical Practitioner means a person who holds a valid registration from the Medical Council of any state or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of the licence.

The Medical Practitioner should not be:

- the Master Policyholder or Life Insured himself/herself; or;
- An authorized insurance intermediary (or related persons) involved with selling or servicing the insurance contract in question; or
- Employed by or under contractual engagement with us; or
- Related to the Master Policyholder or life insured by blood or marriage

Accidental Total and Permanent Disability (Accelerated) Option (ATPD):

This benefit shall be only available where Accidental Total and Permanent Disability (Accelerated) Benefit Option is chosen. Accidental Total and Permanent Disability (Accelerated) Sum Assured shall be payable if the Member/any of the Joint lives has become totally and irreversibly disabled as a result of accident. Accidental Total and Permanent Disability Sum Assured will always be equal to Sum Assured on death, subject to maximum limit as specified by the company from time to time.

Accidental Total and Permanent Disability (Accelerated) Benefit equal to Accidental Total and Permanent Disability (Accelerated) Sum Assured will be payable if the Member/any of the Joint lives has become totally and irreversibly disabled as a result of accident. It includes:

1. The total and permanent loss of use of both hands, or both feet, or both eyes, or a combination thereof (i.e., any two limbs or one eye and one limb), will also result in the Member being regarded as totally and permanently disabled, or,
2. To be regarded as totally and permanently disabled, the Member must be unable to perform (whether aided or unaided) at least 3 of the following 6 “Activities of Daily Work”:
   i. Mobility: The ability to walk a distance of 200 meters on flat ground.
   ii. Bending: The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again.
   iii. Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
   iv. Lifting: The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
   v. Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.
   vi. Blindness – permanent and irreversible - Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

The disability should have lasted for at least 180 days without interruption and must be deemed permanent by a Company empaneled medical practitioner.

Total and Permanent Disability (TDP) should have been caused due to accident, wherein accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

The accident shall result in bodily injury or injuries to the Member independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the Accidental Total and Permanent Disability of the Member. In the event of Accidental Total and Permanent Disability of the Member after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit.

The Member’s cover must be in-force at the time of accident.

The Company shall not be liable to pay Accidental Total and Permanent Disability benefit in case Accidental Total and Permanent Disability of the Member occurs after the date of termination of Cover under this product.

Upon payment of this benefit, the Member’s/Joint life Cover for Accidental Total and Permanent Disability Benefit will terminate. If Accidental Total and Permanent Disability (Accelerated) Sum Assured is equal to the Sum Assured on Death the Member’s Cover under this product will terminate else Base Cover shall continue and Member’s entitlement under Base Cover shall be reduced by the Accidental Total and Permanent Disability (Accelerated) Benefit claimed earlier. In case of Joint Life, the members’ entitlement under Base cover shall be reduced by the aggregate ATPD Benefit claimed earlier.

Accelerated Critical Illness Benefit Option*

Accelerated Critical Illness Benefit Option offers 3 options to choose from:

- Essential Critical Illness Cover (Accelerated Critical Illness 10): 10 specified illness shall be covered.
- Super Critical Illness Cover (Accelerated Critical Illness 25): 25 specified illness shall be covered.
- Mega Critical Illness Cover (Accelerated Critical Illness 50): 50 specified illness shall be covered.

*Critical Illness cover will be offered for 5 | 10 |15 years, but not exceeding the base policy term.

This benefit shall be available only where either of the Critical Illness Cover (Accelerated CI 10/ Accelerated CI 25/ Accelerated CI 50) Benefit option is chosen.

Accelerated Critical Illness (ACI) Sum Assured is equal to Sum Assured on Death.

On the Member/any of the Joint lives being diagnosed to be suffering from a covered Critical Illness as per the Critical Illness package chosen, during the Accelerated Critical Illness Cover term, Accelerated Critical Illness Benefit equal to the Accelerated Critical Illness Sum Assured at the start of the month as per the repayment schedule shall be paid in lumpsum, provided the cover is in force.

This is an accelerated benefit and not an additional benefit, which means payment through this benefit will not be in addition to the Death Benefit. Upon payment of Accelerated Critical Illness benefit the Cover shall terminate for Accelerated Critical Illness.

If Accelerated Critical Illness Sum Assured is equal to the Sum Assured on Death the Member’s cover under this product will terminate along with Accelerated Critical Illness Cover else Base Cover shall continue and Member’s entitlement under Base Cover shall be reduced by the Accelerated Critical Illness Benefit claimed earlier. In case of Joint Life, the members’ entitlement under Base cover shall be reduced by the aggregate ACI Benefit claimed earlier.

Claim will be admissible only if the Member is diagnosed for the first ever occurrence of any of the covered Critical Illness.

Moratorium Period

Member can choose any Moratorium Period from 1 (one) month to 10 (ten) years, (in multiple of 1 month). During the Moratorium period, Sum Assured on Death and other Benefit options shall remain level and reduce thereafter according to applicable repayment schedule.

Top-up

Master policyholder or member, as applicable shall have an option to avail additional cover during the tenure of existing Cover subject to satisfactory underwriting (as per Board Approved Underwriting Policy). Such additional cover may be required inter alia to provide for top-up loan or moratorium period allowed while the loan is outstanding. Premium applicable to remaining Cover tenure and attained age shall be charged for such additional Cover. For all purposes, such additional Cover shall be treated as separate Cover and remaining terms of this product shall apply accordingly.

Maturity Benefit

No benefit shall be payable on maturity of Cover.

OTHER BENEFITS

Surrender of the Policy

In case of surrender of the Master Policy by the Master Policyholder, the members shall have an option to continue the Cover till the end of the Base Cover term, such Cover shall continue with the same terms and conditions as the original Cover and Company/Intermediary, if any, shall continue to be responsible to serve such members till their Cover is terminated.

A Member can choose to surrender the cover due to foreclosure or prepayment of loan or for any other reason.

For members who opt to surrender their Cover or for whom Master Policyholder surrenders, a proportion of unexpired risk premium, as explained below, shall be payable.

$$60\% \times \text{Single Premium} \times \frac{\text{Unexpired Base Cover term}}{\text{Original Base Cover Term}} \times \frac{\text{Current Sum Assured}}{\text{Original Sum Assured}}$$

For the purpose of unexpired cover term, part of the month shall be ignored.
Underwriting extra premium and taxes shall not be included in Single premium.

Benefit Option/s cannot be surrendered per se without surrendering Base Cover.

Where, Original Sum Assured is the Sum Assured specified for the member at inception. For Reducing Cover, Current Sum Assured is the Sum Assured on Death in the month of surrender.

For Level Cover, Current Sum Assured is equal to Original Sum Assured.

Upon surrender, member Cover under this product shall terminate and no benefit shall be payable thereafter. Cover for all the lives covered on Joint Life or Co-borrower basis shall terminate together on surrender.

TERMS AND CONDITIONS

Free Look Option

By Master Policy Holder:

1. In case the Master Policyholder is not satisfied with the terms and conditions specified in the Master Policy Document, MPH shall have the option of returning the Master Policy Document to us stating the reasons thereof, within 30 days from the date of receipt of the Master Policy Document, as per IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024.
2. In case of the Product is sold through Distance Marketing mode, the period will be 30 days from the date of receipt of the letter along with Master Policy Document
3. On receipt of the letter along with the Master Policy Document, we shall arrange to refund the premium paid by MPH, subject to deduction of the proportionate risk premium for period on cover plus the expenses incurred by us on stamp duty (if any)

By Member:

1. In case the Member is not satisfied with the terms and conditions specified in the Certificate of Insurance, he/she has the option of returning the Certificate of Insurance to us stating the reasons thereof, within 30 days from the date of receipt of the Certificate of Insurance, as per IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024.
2. In case of the Product is sold through Distance Marketing mode, the period will be 30 days from the date of receipt of the letter along with Certificate of Insurance
3. On receipt of the letter along with the Certificate of Insurance, we shall arrange to refund the premium, subject to deduction of the proportionate risk premium for period on cover plus the expenses incurred by us on stamp duty (if any)

For administrative purposes, all Free-Look requests should be registered by MPH, on behalf of Member.

Waiting Period

There shall be 90 days waiting period for Accelerated Critical Illness Benefit

a. The benefit shall not apply or be payable in respect of any listed conditions for which the symptoms have occurred or for which care, treatment or advice was recommended by or received from a Physician, or which first manifested itself or was contracted during the waiting period after the date of commencement of cover of member. In the event of occurrence of any of the scenarios mentioned above, the Company will refund the premiums for that benefit for the member and member's benefit cover will terminate with immediate effect.
b. No waiting period applies where the condition manifests due to accident.

Termination

Cover for the Member (Single life) and Members (Joint life) shall terminate on earliest of:

- death of Member, in case of Single life cover
- earliest death of either of the Members, in case of Joint life cover
- Upon settlement of surrender of the Policy
- expiry of Base Cover term
- free look cancellation
- Upon settlement of claim on account of accelerated benefit, where Base Sum Assured is same as accelerated benefit.

Termination of policy by Master Policyholder

The policyholder can terminate the policy any time after the inception of the policy with a notice of 30 days. When the policyholder exercises the option to terminate the policy the scheme would be discontinued for both existing and new members (except for those members that choose to continue their cover). Surrender of the Policy as defined above will be paid. ABSLI or the policyholder can discontinue addition of new members to the policy by giving 30 days prior written notice. However, the policy and cover of existing members will continue.

Certificate of Insurance

The Company shall issue in the name of each insured member, an individual certificate of insurance.

Claims Payment for Regulated and Other Entities

In case of lender borrower schemes under Regulated Entities as defined below, the Outstanding Loan amount, if any for which the cover was taken shall be payable to You, the Master Policyholder with prior authorisation from the Member at inception, out of the total Death Benefit otherwise payable to the Nominee. Any residual benefit shall be paid to the Nominee or Beneficiary, as applicable.

Regulated Entities shall mean to include the following:

a. Reserve Bank of India ("RBI") regulated Scheduled Commercial Banks (including co-operative Banks),
b. NBFCs having Certificate of Registration from RBI or
c. National Housing Bank ("NHB") regulated Housing Finance Companies
d. National Minority Development Finance Corporation (NMDFC) and its State Channelizing Agencies
e. Small Finance Banks regulated by RBI
f. Mutually Aided Cooperative Societies formed and registered under the applicable State Act concerning such Societies
g. Microfinance Companies registered under Section 8 of the Companies Act, 2013
h. Any other category as approved by the Authority

In case of lender borrower schemes under Other Entities as defined below, the Death Benefit shall be payable to the Nominee, in the event of the Member's death.

Other Entities shall mean to include the entities other than Regulated Entities.

EXCLUSIONS

Suicide Exclusion

In case of death due to suicide within 12 months from the date of commencement of risk under the policy, the nominee or beneficiary of the Member shall be entitled to 100% of the premiums (excluding underwriting extra premium and applicable taxes) paid, provided the Cover is in force.

For Accelerated Critical Illness (ACI) benefit

No Accelerated Critical Illness benefit will be payable in respect of any listed condition arising directly or indirectly from, though, in consequence of or aggravated by any of the following:

Pre-Existing Disease" is defined as any condition, ailment, disease or injury:

- Pre-Existing Disease or conditions connected to a Pre-Existing Disease will be excluded. Pre-existing Disease means any condition, ailment, injury or disease:
  a. that is/are diagnosed by a physician within 36 months prior to the effective date of the cover issued by us or
  b. for which medical advice or treatment was recommended by, or received from, a physician within 36 months prior to the effective date of the cover issued by us.
- Existence of any Sexually Transmitted Disease (STD) and its related complications
- Self-inflicted injury, suicide, insanity and deliberate participation of the Member in an illegal or criminal act with criminal intent.
- Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner.
- War – whether declared or not, civil commotion, breach of law with criminal intent, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence.
- Aviation other than as a fare paying passenger or crew in a commercial licensed aircraft.
- Taking part in any act of a criminal nature with criminal intent.
- Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger.
- Radioactive contamination due to nuclear accident.
- Failure to seek or follow medical advice, the Member has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy.
- Any treatment of a donor for the replacement of an organ.
- Any illness due to a congenital defect or disease which has manifested or was diagnosed before the Insured attains aged 17.

For Accidental Total and Permanent Disability (ATPD) Benefit

ATPD should not be caused by the following:

- Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Member is under the influence of any narcotic substance or drug or intoxicating liquor except under the direction of a medical practitioner; or
- Entering, exiting, operating, servicing, or being transported by any aerial device or conveyance except when on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route; or
- Participation of the insured person in a criminal, illegal activity or unlawful act with criminal intent; or
- War, terrorism, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion, strikes. War means any war whether declared or not.
- Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.

For Accidental Death Benefit

Provided that no Accidental death benefit shall be payable if Accidental death is directly or indirectly due to or caused, occasioned, accelerated or aggravated by any of the following:

- Death as a result of any disease or infection other than directly linked with an accident
- Suicide, attempted suicide or self-inflicted injury
- Participation of the insured person in a criminal, illegal activity or unlawful act with criminal intent
- Taking or absorbing, accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a licensed doctor other than Member.
- Nuclear Contamination; the radioactive, explosive or hazardous nature of nuclear fuel materials or property contaminated by nuclear fuel materials or accident arising from such nature.
- Entering, exiting, operating, servicing, or being transported by any aerial device or conveyance except when on a commercial passenger airline on a regular scheduled passenger trip over its established passenger route.
- Engaging in or taking part in hazardous sport(s) or any hazardous pursuits, including but not limited to, diving or riding or any kind of race; underwater activities involving the use of breathing apparatus or not; martial arts; hunting; mountaineering; parachuting; bungee jumping.
- War, terrorism, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, martial law, rebellion, revolution, insurrection, military or usurper power, riot or civil commotion, strikes. War means any war whether declared or not.
- Service in the armed forces in time of declared or undeclared war or while under orders for warlike operations or restoration of public order.
- Accident occurring while or because the Insured is under the influence of Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.

LIST OF CRITICAL ILLNESS COVERED AND DEFINITIONS

Sr. No.	Illness/Condition	Essential Critical Illness Cover (Accelerated Critical Illness 10)	Super Critical Illness Cover (Accelerated Critical Illness 25)	Mega Critical Illness Cover (Accelerated Critical Illness 50)
1	Cancer of Specified Severity	✓	✓	✓
2	Myocardial Infarction (First Heart Attack of specific severity)	✓	✓	✓
3	Open Chest CABG	✓	✓	✓
4	Open Heart Replacement Or Repair Of Heart Valves	✓	✓	✓
5	Kidney Failure Requiring Regular Dialysis		✓	✓
6	Stroke Resulting in Permanent Symptoms		✓	✓
7	Major Organ / Bone Marrow Transplant		✓	✓
8	Permanent Paralysis of Limbs		✓	✓
9	Multiple Sclerosis with Persisting Symptoms	✓	✓	✓
10	Coma of Specified Severity	✓	✓	✓
11	Motor Neuron Disease with Permanent Symptoms		✓	✓
12	Third Degree Burns		✓	✓
13	Deafness	✓	✓	✓
14	Loss of Speech		✓	✓
15	Aplastic Anaemia		✓	✓
16	End Stage Liver Failure	✓	✓	✓
17	End Stage Lung Failure	✓		✓
18	Bacterial Meningitis			✓
19	Fulminant Hepatitis		✓	✓
20	Muscular Dystrophy			✓
21	Parkinson's disease		✓	✓
22	Benign Brain Tumor			✓
23	Alzheimer's Disease		✓	✓
24	Aorta Graft Surgery		✓	✓
25	Loss of Limbs		✓	✓
26	Blindness	✓		✓
27	Primary (Idiopathic) Pulmonary Hypertension		✓	✓
28	Apallic Syndrome or Persistent Vegetative State (PVS)			✓
29	Encephalitis			✓
30	Chronic Relapsing Pancreatitis		✓	✓
31	Major Head Trauma		✓	✓
32	Medullary Cystic Disease			✓
33	Poliomyelitis			✓
34	Systemic Lupus Erythematous			✓
35	Brain Surgery			✓
36	Severe Rheumatoid Arthritis			✓
37	Creutzfeldt-Jacob disease			✓
38	Hemiplegia			✓
39	Tuberculosis Meningitis			✓
40	Dissecting Aortic aneurysm			✓
41	Progressive Supranuclear Palsy			✓
42	Myasthenia Gravis			✓
43	Infective Endocarditis			✓
44	Pheochromocytoma			✓
45	Eisenmenger's Syndrome			✓
46	Chronic Adrenal Insufficiency			✓
47	Progressive Scleroderma			✓
48	Elephantiasis			✓
49	Cardiomyopathy of specified severity			✓
50	Loss of Independent Existence		✓	✓

Definitions

1. Cancer of Specified Severity

I. A malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues.

This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukaemia, lymphoma and sarcoma.

II. The following are excluded-

I. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.

II. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

III. Malignant melanoma that has not caused invasion beyond the epidermis;

IV. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

V. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

VI. Chronic lymphocytic leukaemia less than RAI stage 3

VII. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

VIII. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

IX. All tumours in the presence of HIV infection.

2. Myocardial Infarction (First Heart Attack of specific severity)

The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:

i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)

ii. New characteristic electrocardiogram changes

iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

i. Other acute Coronary Syndromes

ii. Any type of angina pectoris

iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

3. Open Chest CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive key hole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.

II. The following are excluded:

i. Angioplasty and/or any other intra-arterial procedures

4. Open Heart Replacement Or Repair Of Heart Valves

The actual undergoing of open-heart valve Surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

5. Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

6. Stroke Resulting in Permanent Symptoms

I. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

II. The following are excluded:

i. Transient ischemic attacks (TIA)

ii. Traumatic Injury of the brain

iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

7. Major Organ / Bone Marrow Transplant

I. The actual undergoing of a transplant of:

i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or

ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

i. Other stem-cell transplants

ii. Where only islets of langerhans are transplanted

8. Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

9. Multiple Sclerosis with Persisting Symptoms

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. investigations including typical MRI findings, which unequivocally confirm the diagnosis to be multiple sclerosis and

ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

II. Other causes of neurological damage such as SLE and HIV are excluded.

10. Coma of Specified Severity

I. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
   i. no response to external stimuli continuously for at least 96 hours;
   ii. life support measures are necessary to sustain life; and
   iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.

II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

11. Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

12. Third Degree Burns

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

13. Deafness

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

14. Loss of Speech

I. Total and irrecoverable loss of the ability to speak as a result of injury or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by and Ear, Nose, Throat (ENT) specialist.

II. All psychiatric related causes are excluded.

15. Aplastic Anaemia

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

a. Blood product transfusion;
b. Marrow stimulating agents;
c. Immunosuppressive agents; or
d. Bone marrow transplantation.

The diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

a. Absolute neutrophil count of 500/mm^3 or less
b. Platelets count less than 20,000/mm^3 or less
c. Absolute Reticulocyte count of 20,000/mm^3 or less

Temporary or reversible Aplastic Anaemia is excluded.

In this condition, the bone marrow fails to produce sufficient blood cells or clotting agents.

16. End Stage Liver Failure

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
   i. Permanent jaundice; and
   ii. Ascites; and
   iii. Hepatic encephalopathy.

II. Liver failure secondary to drug or alcohol abuse is excluded.

17. End Stage Lung Failure

End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
iii. Arterial blood gas analysis with partial oxygen pressures of 55mmHg or less (PaO2 <55 mm Hg); and
iv. Dyspnea at rest.

18. Bacterial Meningitis

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities of Daily Living.

This diagnosis must be confirmed by:

a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
b. A consultant neurologist certifying the diagnosis of bacterial meningitis.

Bacterial Meningitis in the presence of HIV infection is excluded.

Activities of Daily Living will be defined as:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
d. Mobility: the ability to move indoors from room to room on level surfaces;
e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
f. Feeding: the ability to feed oneself once food has been prepared and made available.

19. Fulminant Hepatitis

A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:

a. Rapid decreasing of liver size;
b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
c. Rapid deterioration of liver function tests;
d. Deepening jaundice; and
e. Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

20. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterised by progressive and permanent weakness and atrophy of certain muscle groups. The diagnosis of muscular dystrophy must be unequivocal and made by a Neurologist acceptable to Us, with confirmation of at least 3 of the following 4 conditions:

a. Family history of muscular dystrophy;
b. Clinical presentation including absence of sensory disturbance, normal cerebrospinal fluid and mild tendon reflex reduction;
c. Characteristic electromygrom; or
d. Clinical suspicion confirmed by muscle biopsy.

The condition must result in the inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months.

Activities of Daily Living will be defined as:

a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
d. Mobility: the ability to move indoors from room to room on level surfaces;
e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
f. Feeding: the ability to feed oneself once food has been prepared and made available.

21. Parkinson's disease

The unequivocal diagnosis of progressive, degenerative idiopathic Parkinson's disease by a Neurologist acceptable to us. The diagnosis must be supported by all of the following conditions:

a. the disease cannot be controlled with medication;
b. signs of progressive impairment; and
c. inability of the Insured Person to perform at least 3 of the 6 activities of daily living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of daily living:

i. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
iii. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
iv. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
v. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
vi. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.

Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

22. Benign Brain Tumor

I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
II. This brain tumor must result in at least one of the following and must be confirmed by the relevant specialist Medical Practitioner.
    i. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
    ii. Undergone surgical resection or radiation therapy to treat the brain tumor.
III. The following conditions are excluded:

    Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

23. Alzheimer's Disease

Alzheimer's disease is a progressive degenerative Illness of the brain, characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The diagnosis must be supported by the clinical confirmation of a specialist Medical Practitioner (Neurologist) and supported by Our appointed Medical Practitioner, evidenced by findings in cognitive and neuro radiological tests (e.g. CT scan, MRI, PET scan of the Brain). The disease must result in a permanent inability to perform three or more "Activities of Daily Living" or must require the need of supervision and permanent presence of care staff due to the disease. This must be medically documented for a period of at least 90 days

Activities of Daily Living will be defined as:

I. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
II. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
III. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
IV. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
V. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
VI. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.

The following conditions are however not covered:

a. non-organic diseases such as neurosis and psychiatric Illnesses;
b. alcohol related brain damage; and
c. any other type of irreversible organic disorder/dementia.

24. Aorta Graft Surgery

The actual undergoing of thoracotomy or laparotomy to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches. The Insured Person understands and agrees that we shall not cover:

a. Surgery performed using only minimally invasive or intra-arterial techniques.
b. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

The aorta is the main artery carrying blood from the heart. Aortic graft surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

25. Loss of Limbs

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This shall include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded

26. Blindness

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.
II. The Blindness is evidenced by
    i. corrected visual acuity being 3/60 or less in both eyes or;
    ii. the field of vision being less than 10 degrees in both eyes.
III. The diagnosis of blindness must be confirmed and must not be correctable by aides or surgical procedure.

27. Primary (Idiopathic) Pulmonary Hypertension

I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
II. The NYHA Classification of Cardiac Impairment are as follows:
    i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
    ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

28. Apallic Syndrome or Persistent Vegetative State (PVS)

Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a universal necrosis of the brain cortex with the brainstem remaining intact. The patient should be in a vegetative state for a minimum of four weeks in order to be classified as UWS, PVS, Apallic Syndrome.

The diagnosis must be confirmed by a Neurologist acceptable to Us and the condition must be documented for at least one month.

29. Encephalitis

Severe inflammation of the brain tissue due to infectious agents like viruses or bacteria which results in significant and permanent neurological deficits for a minimum period of 30 days, certified by a specialist Medical Practitioner (Neurologist)

The permanent deficit should result in permanent inability to perform three or more Activities of daily Living.

Activities of daily living:

I. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
II. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
III. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
IV. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
V. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
VI. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.

Exclusions:

Encephalitis in the presence of HIV infection is excluded.

30. Chronic Relapsing Pancreatitis

More than three attacks of pancreatitis resulting in pancreatic dysfunction causing malabsorption needing enzyme replacement therapy.

The Unequivocal Diagnosis must be made by a Medical Practitioner who is a gastroenterologist and confirmed by Endoscopic Retrograde Cholangiopancreatography (ERCP).

Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

31. Major Head Trauma

I. Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes
II. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology
III. Activities of Daily Living are:
    i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
    ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
    iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
    iv. Mobility: the ability to move indoors from room to room on level surfaces;
    v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
    vi. Feeding: the ability to feed oneself once food has been prepared and made available.
IV. The following are excluded:
    i. Spinal cord injury;

32. Medullary Cystic Disease

A progressive hereditary disease of the kidneys characterised by the presence of cysts in the medulla, tubular atrophy and intestitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. The diagnosis must be supported by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit.

33. Poliomyelitis

The unequivocal diagnosis of infection with the polio virus must be established by a Consultant Neurologist. The infection must result in irreversible paralysis as evidenced by impaired motor function or respiratory weakness. Expected permanence and irreversibility of the paralysis must be confirmed by a Consultant Neurologist after at least 6 months since the beginning of the event.

Exclusions:

- Cases not involving irreversible paralysis shall not be eligible for a claim
- Other causes of paralysis such as Guillain-Barré Syndrome are specifically excluded.

34. Systemic Lupus Erythematous

A multi-system, multifactorial, autoimmune disorder characterised by the development of auto- antibodies directed against various self-antigens. Systemic lupus erythe-matosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V lupus nephritis, established by renal biopsy, and in accordance with the World Health Organization (WHO) classification). The final diagnosis must be confirmed by a registered Medical Practitioner specialising in Rheumatology and Immunology acceptable to Us, Other forms, discoid lupus, and those forms with only haematological and joint involvement are however not covered:

The WHO lupus classification is as follows:

a. Class I: Minimal change – Negative, normal urine.
b. Class II: Mesangial – Moderate proteinuria, active sediment.
c. cClass III: Focal Segmental – Proteinuria, active sediment.
d. Class IV: Diffuse – Acute nephritis with active sediment and/or nephritic syndrome.
e. Class V: Membranous – Nephrotic Syndrome or severe proteinuria.

35. Brain Surgery

The actual undergoing of Surgery to the brain under general anesthesia during which a craniotomy is performed.

Exclusion:

Burr hole Surgery / brain Surgery on account of an Accident.

36. Severe Rheumatoid Arthritis

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

- Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- Permanent inability to perform at least two (2) "Activities of Daily Living";
- Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
- The foregoing conditions have been present for at least six (6) months.
- Elevated levels of Creactive protein (CRP), or erythrocyte sedimentation rate (ESR)

Activities of daily living:

I. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
II. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
III. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
IV. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
V. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
VI. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

37. Creutzfeldt-Jacob disease

Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A registered doctor who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

38. Hemiplegia

The total and permanent loss of the use of one side of the body through paralysis caused by Illness or Injury, except when such Injury is self- inflicted.

The Unequivocal Diagnosis must be made by a Specialist in the relevant medical field.

39. Tuberculosis Meningitis

Meningitis caused by tubercle bacilli. Such a diagnosis must be supported by 1) and 2) and 3)

1. Findings in the cerebrospinal fluid (csf) report
2. Presence of acid fast bacilli in the cerebrospinal fluid or growth of M. Tuberculosis demonstrated in the culture report or Nucleic acid amplification tests like PCR
3. Certification by a registered doctor who is a specialist in neurology, or a physician with a degree of MD

The permanent deficit should result in permanent inability to perform three or more Activities for Loss of Independent Living.

Activities of daily living:

I. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
II. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
III. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
IV. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
V. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
VI. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.

40. Dissecting Aortic aneurysm

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a registered Medical Practitioner who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

41. Progressive Supranuclear Palsy

A degenerative neurological disease characterized by supranuclear gaze paresis, pseudobulbar palsy, axial rigidity and dementia.
The Unequivocal Diagnosis of Progressive Supranuclear Palsy must be confirmed by a Medical Practitioner who is a neurologist.

The condition must result in the permanent inability to perform, without assistance, at least three (3) of the six (6) Activities of Daily Living. These conditions have to be medically documented for at least three (3) consecutive months.

Activities of daily living:

I. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
II. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
III. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
IV. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
V. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
VI. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence.

42. Myasthenia Gravis

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

- Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification below; and
- The Diagnosis of Myasthenia Gravis and categorization are confirmed by a registered Medical Practitioner who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:
Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.
Class II: Eye muscle weakness of any severity, mild weakness of other muscles.
Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.
Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.
Class V: Intubation needed to maintain airway.

43. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- Positive result of the blood culture proving presence of the infectious organism(s);
- Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a registered Medical Practitioner who is a cardiologist.

44. Pheochromocytoma

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of surgery to remove the tumour. The Diagnosis of Pheochromocytoma must be supported by plasma metanephrine levels and / or urine catecholamines and metanephrines and confirmed by a registered doctor who is an endocrinologist.

45. Eisenmenger's Syndrome

Eisenmenger's Syndrome shall mean the occurrence of a reversed or bidirectional shunt as a result of pulmonary hypertension, caused by a heart disorder.
All of the following criteria must be met:

- Presence of permanent physical impairment classified as NYHA IV; and
  - The diagnosis of Eisenmenger Syndrome and the level of physical impairment must be confirmed by a registered medical practitioner who is a cardiologist.

46. Chronic Adrenal Insufficiency

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for life long glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a registered Medical Practitioner who is a specialist in endocrinology through one of the following:

- ACTH simulation tests;
- insulin-induced hypoglycemia test;
- plasma ACTH level measurement;
- Plasma Renin Activity (PRA) level measurement.

Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

47. Progressive Scleroderma

A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
The following conditions are excluded:

- Localised scleroderma (linear scleroderma or morphea);
- Eosinophilic fascitis; and
- CREST syndrome

48. Elephantiasis

Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a registered Medical Practitioner who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.
Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

49. Cardiomyopathy of specified severity

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a registered Medical Practitioner who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, based on the following classification criteria:

Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced. The Diagnosis of Cardiomyopathy has to be supported by echographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

50. Loss of Independent Existence

Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of the following Activities of Daily Living

Activities of Daily Living:

1. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
2. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
3. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
4. Mobility: the ability to move indoors from room to room on level surfaces;
5. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
6. Feeding: the ability to feed oneself once food has been prepared and made available.

ADDITIONAL INFORMATION

Current Tax Benefits

You may be entitled to certain applicable tax benefits on your premiums and policy benefits. Please note that all the tax benefits are subject to tax laws prevailing at the time of payment of premium or receipt of benefits by you. It is advisable to seek an independent tax advice.

Policy Loans

No policy loans are offered under this plan.

Nomination

Allowed as per the provisions of Section 39 of the Insurance Act, 1938 as amended from time to time.

Assignment

Allowed as per the provisions of Section 38 of the Insurance Act, 1938 as amended from time to time.

Prohibition of Rebates – Section 41 of the Insurance Act, 1938, as amended from time to time

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer. Any person making default in complying with the provisions of this section shall be punishable with a fine which may extend to ten lakh rupees.

Fraud and Misrepresentation

As per the provisions of Section 45 of the Insurance Act, 1938 as amended from time to time.

About Aditya Birla Sun Life Insurance Company Limited

Aditya Birla Sun Life Insurance Company Limited ("ABSLI") is a part of Aditya Birla Capital Ltd ("ABCL"). ABSLI was incorporated on August 4th, 2000, and commenced operations on January 17th, 2001. ABSLI is a 51:49 a joint venture between the Aditya Birla Group and Sun Life Financial Inc., an international financial services organization in Canada.

ABSLI offers a range of products across the customer's life cycle, including children future plans, wealth protection plans, retirement and pension solutions, health plans, traditional term plans and Unit Linked Insurance Plans ("ULIPs").

As of June 30, 2024, total AUM of ABSLI stood at Rs.90,682 Crore (22% Increase YOY). ABSLI recorded a gross premium income of Rs.3,986 Crore in Q1 FY25 and registering a y-o-y growth of 28% in Gross Premium with Individual Business FYP with Single Premium at 10% at Rs 644 Crore. ABSLI has a nationwide distribution presence through 380+ branches, 11 bancassurance partners, 6 distribution channels, over 56000+ direct selling agents, other Corporate Agents and Brokers through its website. The company has over 25,000 employees and 20.03 lakh active customers.

About Aditya Birla Capital Limited

Aditya Birla Capital Limited ("ABCL") is the holding company for the financial services businesses of the Aditya Birla Group. Through its subsidiaries/JVs, ABCL provides a comprehensive suite of financial solutions across Loans, Investments, Insurance, and Payments to serve the diverse needs of customers across their lifecycle. Powered by over 50,000 employees, the businesses of ABCL have a nationwide reach with over 1,505 branches and more than 200,000 agents/channel partners along with several bank partners.

As of June 30, 2024, Aditya Birla Capital Limited manages aggregate assets under management of Rs. 4.63 Lakh Crore with a consolidated lending book of Rs 1.27 Lakh Crore through its subsidiaries/JVs.

Aditya Birla Capital Limited is a part of the US$66 billion global conglomerate Aditya Birla Group, which is in the league of Fortune 500. Anchored by an extraordinary force of over 187,000 employees belonging to 100 nationalities, the Group is built on a strong foundation of stakeholder value creation. With over seven decades of responsible business practices, the Group's businesses have grown into global powerhouses in a wide range of sectors - from metals to cement, fashion to financial services and textiles to trading. Today, over 50% of the Group's revenues flow from overseas operations that span over 40 countries in North and South America, Africa, Asia, and Europe.

For more information, visit www.adityabirlacapital.com.

Important Notes & Disclaimer:

This policy is underwritten by Aditya Birla Sun Life Insurance Company Limited (ABSLI). This is a non-linked non – participating Group Credit Life Insurance Plan. ABSLI reserves the right to recover levies such as the GST levied by the authorities on insurance transactions. If there be any additional levies, they too will be recovered from you. This brochure contains only the salient features of the plan. This product shall also be available for sale through Online channel. For further details, please refer to the policy contract. Tax benefits are subject to changes in the tax laws.

For other terms and conditions, request your Agent Advisor or intermediaries for giving a detailed presentation of the product before concluding the sale. Should you need any further information from us, please contact us on the below mentioned address and numbers.

Aditya Birla Sun Life Insurance Company Limited

ADITYA BIRLA CAPITAL
LIFE INSURANCE

Contact our advisor or visit our website https://lifeinsurance.adityabirlacapital.com to know more about the various solutions. We provide a wide range of Life Insurance solutions to cater to your specific protection needs.

As per section 10(10D) of the Income-tax Act, 1961, proceeds from life insurance policy issued on or after 1 April 2023 shall be taxable as income from other sources if the cumulative annual premium payable by taxpayer for life insurance policies exceeds ₹ 5 lacs.

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Aditya Birla Sun Life Insurance Company Limited Registered Office: One World Centre, Tower 1, 16th Floor, Jupiter Mill Compound, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400 013. 1-800-270-7000 Website: https://lifeinsurance.adityabirlacapital.com IRDAI Reg No.109 CIN: U99999MH2000PLC128110 UIN: 109N125V02 ADV/10/24-25/1806

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IRDAI or its officials do not involve in activities like selling insurance policies, announcing bonus or investment of premiums. Public receiving such phone calls are requested to lodge a police complaint.